

Gila County, Arizona

**PARTISAN NOMINATION PAPER
AFFIDAVIT OF QUALIFICATION
CAMPAIGN FINANCE LAWS STATEMENT**

(A.R.S. §16-311, 16-905(K)(5))

For Office Use Only

You are hereby notified that I, the undersigned, a qualified elector, am a candidate for the office of _____ subject to the action of the _____ Party, at the Primary Election to be held on _____, and at the General Election to be held _____, should I be nominated.

I will have been a citizen of the United States for _____ year(s) next preceding my election and will have been a citizen of Arizona for _____ year(s) next preceding my election and will meet the age requirement for the office I seek and have resided in Gila County for _____ year(s) and in the precinct of _____ for _____ year(s) before my election.

I do solemnly swear (or affirm) that at the time of filing, I am a resident of the county, district, or precinct which I propose to represent, and as to all other qualifications, I will be qualified at the time of election to hold the office that I seek, having fulfilled the constitutional and statutory requirements for holding said office.

Actual Residence Address or Description of Place of Residence (City/Town) (Zip)

Post Office Address (City/Town) (Zip)

Print or type your name on the following line in the exact manner you wish it to appear on the ballot. (A.R.S. §16-311.G)

LAST NAME

FIRST NAME

CANDIDATE SIGNATURE

Subscribed AND SWORN to (or affirmed) before me this _____ day of _____, 20____

Notary Public

My Commission Expires: _____

(Seal)

I have read all applicable laws relating to campaign financing and reporting.

CANDIDATE SIGNATURE